trephined and separated some adhesions between the two hemispheres. For nine days prior to this operation there were from sixty to one hundred epileptic seizures in a day, with complete hemiplegia. After the operation the epileptic attacks disappeared and there was a steady gain in power in the left leg and arm. JELLIFFE.

PATHOLOGY.

83 HEMIANOPSIE AUF EINEM AUGE MIT GERUCHSHALLUCINATIONEN (Hemianopsia of One Eye with Hallucinations of Smell). Max Linde (Monatsschrift für Psychiatrie und Neurologie, 7, 1900, p. 44).

The symptoms observed in this case were failure of memory, complete loss of sense of smell, right abducens paresis, loss of the outer half of the right visual field for white and colors, with preservation of the fixation point (the visual field of the left eye was normal), presence of Wernicke's hemianopsic pupillary reaction sign—reaction of the pupil of the right eye only when light was thrown on the right half of the retina, the pupillary reaction in the left eye being normal—deviation of the tongue to the right in extension, later bilateral choked disk, hallucinations of smell, etc. The left hippocampal gyrus and uncus were enlarged and hard on account of a tumor within them, and the right abducens was much atrophied, and the left optic tract was three times the normal size from tumor masses contained within it. The inner part of the right optic nerve was stained black by the Marchi method. In the chiasm the crossed right optic bundle, both dorsal and ventral portions according to Henschen's diagram, was degenerated. The degeneration was due to the tumor masses within the left optic tract. This is supposed to be the first recorded case of unilateral hemianopsia from cerebral tumor with necropsy. SPILLER.

84 EXPERIMENTELLE BEITRÄGE ZUR PATHOLOGIE DES RÜCKENMARKS (Pathology of Spinal Cord after Embolus). Hoche (Arch. f. Psych. 32, p. 251-975).

In order to get a clearer idea of the results of inflammations and softenings of the spinal cord, the author conducted experiments on animals with that end in view. He describes his failure with injections made in the carotids, as the animals died very soon after of general arterial embolus. Therefore he was compelled to resort to Lamy's scheme, in which he made the injections by means of a catheter passed through the temporal artery into the abdominal aorta. The aorta was compressed both above and below the end of the catheter (laparotomy was resorted to for this) while the injection was made, and thus he was enabled to obtain purely dorsal and lumbar emboli in the spinal cord. The substances used for injection were all sterilized and of the following nature: Lycopodium, pollen of Typha japonica, maize, kamala, emulsion of castor oil and atmospheric air.

The examination of the blood system in the dog showed that his arteries were similar to those in man. The territory of the anterior median artery is smaller than in man, as a larger portion of the gray matter is supplied by the lateral arteries.

The pathological examination showed that the reaction of the arterial walls differed according to the cause of the embolus—lycopodium producing the least irritation, while to kamala was due the greatest. This reaction showed itself in a thickening of, and a small-celled infiltration in, the vessel walls. The arteritis was developed as early as the second day. On either side of the embolus was a dilatation of the lumen of the vessel. Beyond the embolus on its distal side there occurred first an absence of blood due to the vasomotor muscles, which was followed by hemorrhagic infarct. Necrosis of tissue became evident after 29 hours. Cavities were formed and granulation tissue was produced from the connective tissue cells, leucocytes, etc. The typical large granulation cells were of connective tissue origin and persisted longest, being found after some weeks at the divisions of the bloodvessels. The presence of granulation tissue, Hoche avers, permits of no other conclusion than that it was there for the purpose of removing the products of decay and degeneration. JELLIFFE.

85 NEUROFIBROMATOSE GÉNÉRALISÉE (Generalized Neurofibrosis). Autopsy. Pierre Marie and A. Couvelaire. (Nouvelle Iconographie de la Salpêtrière, January and February, 1900, 13th Year, No. I, p. 26).

This paper is the result of a microscopical study of the tissues of an individual affected with a generalized neurofibrosis in the form of scattered tumors about the size of a pea all over the surface of his body. These tumors are of a fibrous consistency, some show a tendency to become pedunculated. There is no discoloration of the skin covering the tumors; on other portions of the body pigmented areas were found. There was an alteration of cutaneous sensibility all over the body. In addition to the skin manifestations a progressive change in the shape of the thorax was noted. The vertebral column was scoliotic and a gibbosity developed. Patient was very apathetic, which condition progressively increased. Autopsy: The bones of the extremities show no changes; the bones of the thorax and vertebral column are pathologically altered in a remarkable way; the bones are softer and much lighter than normal. In addition to the localized changes, the thorax is asymmetrical and flattened antero-posteriorly. In the small intestine numerous small tumors, similar to those of the skin, were found. These tumors spring from the mucosa. The stomach shows the same condition. Sections from the various nerve trunks show small fibromas along the fibers. To be noted in this case, from an anatomical point of view, are the peculiar lesions of the bones and the muscles, the fibromas of the intestine and skin, which developed away from the nerves themselves. The bone lesions suggest the idea of a localized osteomalacia. The origin of these fibrous tumors is still a question of considerable doubt. Recklinghausen believes in the unity of all polyfibromatous growths, reckoning them under the head of a generalized neurofibrosis. There is considerable difference of opinion about this theory; cases have been published by Lahman, Marie, and others, in which the process does not seem to take its origin from the nerves of the skin alone. The authors of this article are inclined to believe that, together with the neurofibrosis, there is also a cutaneous fibrosis, which appears to be developed independent of the nerve branches, namely, in the periglandular connective tissue. It is more the identity of the structure than its origin which makes the term generalized neurofibrosis a fitting one.

SCHWAB.